

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032816
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 7729

Registration District No. 318
FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DATE AMENDED
DOCUMENT
MEDICAL CERTIFICATION
Melvin P. Carver 8-10-62

1. PLACE OF DEATH a. COUNTY ---		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ---	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 yr 1 mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Ida May Rector		Month Day Year August 5, 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/11/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cashier		10b. KIND OF BUSINESS OR INDUSTRY Stevenson's Cafeteria	11. BIRTHPLACE (City and state or country) Inman, Nebr.
13a. FATHER'S NAME Charlie W. Swain		13b. MOTHER'S MAIDEN NAME Elizabeth Jane Laney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Masonic Home of Mo. 5351 Delmar Blvd		17. INFORMANT Address [Redacted] None	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brochopneumonia (terminal)</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>450.04</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of left hip</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell while getting off of commode</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>5-3-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	20f. CITY, TOWN, OR LOCATION COUNTY STATE ---
21. I attended the deceased from <u>7/32/62</u> , to <u>8/5/62</u> and last saw her alive on <u>8/5/62</u> Death occurred at <u>6:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Harold E. Walters M.D.</u>	
22b. ADDRESS <u>3720 Washington Shreve</u>		22c. DATE SIGNED <u>8-6-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal auto	23b. DATE <u>Aug 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Gray Summit, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons, Inc. 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 8 1962</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Raup Jr.

Licensed Embalmer No. 4053

P. O. Address St. L.

Aug 5-1962

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.